

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000934

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

098

Primary Registration District No.

Registrar's No.

20

STATE FILE NUMBER

FILED JAN 21 1963

VS 300  
Rev. 4/59

0310

20310

3

4 1

5 1

6

7 0

8 0

9353.1

10

11

12 90-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

## a. COUNTY

Daviess

## b. CITY (If outside corporate limits, give TOWNSHIP only)

Rural Jackson Twp.

## Length of stay in 1b

42 Years

## c. FULL NAME OF (If NOT in hospital, give location)

Carlow Community

## Inside Limits

Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

## a. STATE

Missouri

## COUNTY

Daviess

## Inside Limits

Yes ☐ No ☒

## c. CITY OR TOWN

Rural Jackson Twp.

## d. STREET ADDRESS

(If outside, give location)

Carlow Community

Yes ☐ No ☒

## 3. NAME OF DECEASED

## (Type or print)

## First

Ethel

## Middle

Ada

## Last

McKown

## 4. DATE OF DEATH

## Month

January

## Day

10

## Year

1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. Married

## Never Married

## Widowed

## Divorced

## 8. DATE OF BIRTH

2-28-1887

## 9. AGE (last birthday)

75

## IF UNDER 1 YEAR

Months Days

## IF UNDER 24 HR

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

Own Home

## 11. BIRTHPLACE (City and state or country)

Daviess Co. Missouri

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Nathan Stanford Carter

## 13b. MOTHER'S MAIDEN NAME

Cordelia Jane Martin

## 14. NAME OF HUSBAND OR WIFE

John D. McKown

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of)

No

## 16. SOCIAL SECURITY NO.

[REDACTED]

## 17. INFORMANT

John D. McKown, Jamesport, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY)

## IMMEDIATE CAUSE (a)

Cerebral Thrombosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Cardiac enlargement, Considerable edema in chest

## DUE TO (c)

Grand mal Epilepsy

## INTERVAL BETWEEN ONSET AND DEATH

24 hr

6 mths

10 yr

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arthritis hips &amp; back. Bad hip trauma

## PART III. If deceased was female was there a pregnancy in last 90 days

[REDACTED]

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

[REDACTED]

## SUICIDE

[REDACTED]

## HOMICIDE

[REDACTED]

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

[REDACTED]

## 20c. TIME OF INJURY

Hour a.m. p.m.

## Month, Day, Year

[REDACTED]

## 20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☒

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

[REDACTED]

## 20f. CITY, TOWN, OR LOCATION

[REDACTED]

## COUNTY

[REDACTED]

## STATE

[REDACTED]

## 21. I attended the deceased from

June 19 55

to

Jan 10 63

and last saw him alive on

Jan 10 - 63

## Death occurred at

4:30 P.

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

[REDACTED]

## 22b. ADDRESS

[REDACTED]

## 22c. DATE SIGNED

Jan 14 63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

1-13-1963

## 23c. NAME OF CEMETERY OR CREMATORY

Clear Creek Cemetery

## 23d. LOCATION (City, town, or county)

Daviess County, Mo.

## (State)

[REDACTED]

## 24. FUNERAL DIRECTOR

ADDRESS

[REDACTED]

## 25. DATE RECD. BY LOCAL REG.

1-16-63

## 26. REGISTRAR'S SIGNATURE

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

JAN 23 1963

Permit Attained  
No 182  
16-63 (2E)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed *E. Richesson*

Licensed Embalmer No. 3307

P. O. Address Fallston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.